

*Approved on 6/10/10 NW*

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN388AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/19/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>SAINT JOSEPH CARE HOME-HIGHLAND</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>456 HIGHLAND AVE RENO, NV 89512</b>		
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Y 000	<p><b>Initial Comments</b></p> <p>Tag 000 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 5/19/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for 53 Residential Facility for Group beds for elderly and disabled person and/or persons with mental retardation, Category I residents. The census at the time of the survey was fifty. Fifteen resident files were reviewed and ten employee files were reviewed. One discharged resident file was reviewed.</p> <p>The facility received a grade of B.</p> <p>The following deficiencies were identified:</p>	Y 000	<p><b>RECEIVED</b></p> <p>JUN 22 2010</p> <p>BUREAU OF LICENSURE AND CERTIFICATION CARSON CITY, NEVADA</p>	
Y 105 SS=A	<p><b>449.200(1)(f) Personnel File - Background Check</b></p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.</p>	Y 105		

*OIC  
See attachment  
6/10/10  
NW*

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Shamir*

TITLE

*Pres. / Adm. / J. L. Inc  
d/m St. Joseph Care Home*

DATE

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Y 105	Continued From Page 1  This RULE: is not met as evidenced by: Based on record review on 5/19/10, the facility failed to ensure 1 of 10 caregivers met background check requirements (Employee #2).  Severity: 1 Scope: 1	Y 105		
Y 178 SS=F	449.209(5) Health and Sanitation-Maintain Int/Ext  NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained.  This RULE: is not met as evidenced by: Based on observation during the facility tour on 5/19/10, the administrator failed to ensure that the premises were clean; and that the interior and exterior were well maintained.  There was a pile of lumber along the outside fence, garbage in the yard, stacks of old debris near the storage area including old dressers, bed frames, empty cardboard boxes, old ironing board and other refuse. Also, the screen door leading to the court yard had small tears and rips; 9 of 9 bathrooms were dirty; mold growth was observed in the shower stalls and dirty areas in the bathtubs. Laundry room was also dirty.  Severity: 2 Scope: 3	Y 178	I will make sure the interior as well as the exterior premises of the facility be kept neat and clean all times free from clutters and/or any kind of refuse.  -Defective screen door to the courtyard was replaced and mold growth spotted in bathroom shower stalls were treated, laundry room was recleaned more thoroughly.	OK See attachment 6/10/10 NW

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Y 178	Continued From Page 2	Y 178		
Y 255 SS=F	<p><b>449.217(6)(a)(b) Permits - Comply with NAC 446 on Food Service</b></p> <p><b>NAC 449.217</b>          6. A residential facility with more than 10 residents must:          (a) Comply with the standards prescribed in chapter 446 of NAC.          (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division.</p> <p>This RULE: is not met as evidenced by:          Based on observation, interview and record review on 5/19/10, the facility failed to ensure the kitchen complied with the standards of NAC 446.</p> <p>Findings include:</p> <p>1 Critical Violations:</p> <p>a. Potential cross contamination was observed within the single door reach-in refrigerator. Raw ground meat and raw pork roast was stored over ready to eat foods.</p> <p>b. The outer openings for the kitchen were not properly protected.</p>	Y 255	<p>1. a) Proper food storage practice of raw meats will be more strictly observed to avoid cross contamination</p> <p>b) Bottom opening of the kitchen door was covered with a rubber weather strip to prevent dirt, dust etc. from infiltrating area.</p>	<p>✓✓ 6/3/10</p> <p>W 6/3/10</p>

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Y 255	<p>Continued From Page 3</p> <p>c. Multiple rodent droppings were observed within the dry storage room.</p> <p>2. Cleaning and Sanitation Issues:</p> <p>a. Rodent droppings were observed inside of the rice storage container inside of the dry storage room.</p> <p>b. Multiple food items were improperly labeled within both reach-in refrigerators.</p> <p>c. A food dispensing scoop was improperly stored inside of a cereal storage container.</p> <p>d. Cutting boards were found soiled and damaged.</p> <p>e. The kitchen floors were heavily soiled especially under mounted equipment.</p> <p>3. Equipment and Maintenance Issues:</p> <p>a. The dry storage room ceiling was damaged in multiple areas.</p> <p>b. The double door reach-in refrigerator light bulb was burned out.</p> <p>c. The two light bulbs over the dishwashing area are unprotected.</p> <p>This is a repeat deficiency from the State Licensure Survey of 5/21/09.</p> <p>Severity 2: Scope: 3</p>	Y 255	<p>2. a) Rodent traps were deployed in the dry storage to discourage or halt mice inhabitation in this place.</p> <p>b) Proper labeling of food items stored in the Ref. was re-emphasized for more strict practice.</p> <p>c) Proper food dispensing scoop storage use reiterated.</p> <p>d) Soiled cutting boards were disposed and replaced with new ones.</p> <p>e) Kitchen floor area underneath mounted stove/oven was thoroughly cleaned.</p> <p>3. a) Dry storage room ceiling was refinished.</p> <p>b) Busted refrigerator light bulb was replaced.</p> <p>c) Two light bulbs over the dishwashing/serving counter area was provided for a cover protection.</p>	<p>W 6/3/10</p> <p>W 6/3/10</p> <p>W 6/3/10</p> <p>W 6/3/10</p> <p>W 6/3/10</p> <p>W 6/3/10</p> <p>W 6/3/10</p> <p>W 6/3/10</p>

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Y 698	Continued From Page 4	Y 698		
Y 698 SS=D	Residents Requiring use of Oxygen-Storage  2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (b) ensure that: (5) All oxygen tanks kept in the facility are secured in a stand or to a wall;  This Requirement is not met as evidenced by: Based on observation on 5/19/10, the facility did not ensure empty oxygen tanks were secured in a rack when placed outside the back door for pick-up.  Severity: 2 Scope: 1	Y 698	Oxygen tank stands will be in both the resident's room to store spare oxygen tanks and outside to contain empty oxygen tanks waiting to be picked up for refill.	OK See attach- ments 6/10/10 NW
Y 936 SS=A	449.2749(1)(e) Resident file-NRS 441A Tuberculosis  NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.  This RULE: is not met as evidenced by: Based on record review on 5/19/10, the facility failed to ensure 1 of 15 residents complied with NAC 441A.380 regarding resident physical	Y 936	Will make sure submitted physician discharge summary to be used as an admission requirement in lieu of a physical examination is complete containing prospective resident's diagnosis, treatment, history and findings.	OK See attach- ments 6/10/10 NW

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Y 936	Continued From Page 5  exam (Resident #10 - missing 2009 physical exam).  Severity: 1 Scope: 1	Y 936		

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